

## Training On Demand Regional Request Form

REGION: \_\_\_\_\_

SEMESTER: \_\_\_\_\_ YEAR: \_\_\_\_\_

REQUESTING DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (        ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_

LOCATION OF PROGRAM: \_\_\_\_\_

STREET ADDRESS (No PO Box): \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

NUMBER OF STUDENTS FROM REQUESTING DEPARTMENT: \_\_\_\_\_

PROGRAMS REQUESTED: 1. \_\_\_\_\_

2. \_\_\_\_\_

SPECIAL REQUEST FOR DATES/TIMES: (military hours): \_\_\_\_\_

Days:

Nights:

Week-Ends:

### DEPARTMENT AV EQUIPMENT AVAILABLE

Laptop	<input type="text"/>	Electrical Ext	<input type="text"/>	Speaker	<input type="text"/>
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VCR Monitor	<input type="text"/>	TVIEW Gold	<input type="text"/>	Slide Projector	<input type="text"/>
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LCD Projector	<input type="text"/>	VCR/Monitor	<input type="text"/>	O/H Projector	<input type="text"/>
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Cart	<input type="text"/>	Screen	<input type="text"/>	Plasma Screen	<input type="text"/>
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Date of Request: \_\_\_\_\_

Requesting Chief's Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mail or FAX to:     Department Of Fire Services  
Massachusetts Firefighting Academy  
P.O. Box 1025 State Road  
Stow, MA 01775  
Fax (978) 567-3229